DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)
WAIVER SERVICES
APPLICATION FOR QUALIFIED PROVIDERS

1. APPLICANT INFORMATION:

Identify the partnership, corporation, or governmental agency applying to lawfully establish, conduct, and provide service.

Name:		
Address:		
City:	State:	Zip:
FEIN #:	Phone:	

Connecticut Administrator

Identify the person responsible for the overall management and oversight of the service(s) to be operated in Connecticut by the applicant.

Name:		
Title:		
Address:		
City:	State:	Zip:
Phone:	Fax Number:	
Email Address:		

Organizational Structure

Identify the organizational structure of the applicant's governing body.

Check one (1) of the following:

☐ Individual (proprietorship) ☐ Partnership
☐ Non-Profit Corporation ☐ For-Profit Corporation
☐ Public Agency

If the applicant has a parent corporation, please provide the following information:

Name of Corporation:		
Address:		
City:	State:	Zip:
Phone:	Fax Number:	
Principle of the Entity:	Title:	
Social Security #:	Phone:	
Email Address:		

Ownership Information

If the business is other than a not for profit, please list the name(s) and Social Security Numbers for individuals who own at least 5% interest in the business.

Name	Address	Soc Sec #	Percent
			%
			%
			%
			%
			%

Use separate sheet of paper if additional space is needed.

2. Service Information

Have you previously been enrolled by DDS as a Qualified Provider? Yes ☐ No ☐

Have you previously applied to DDS to become a Qualified Provider? Yes ☐ No ☐

Are you currently providing services funded by DDS? Yes ☐ No ☐

Are you currently a CT Medicaid Provider? Yes ☐ No ☐

Use **X** to indicate services the applicant is applying to provide.

Services to be Provided	
	Direct Services
	Adult Companion Services
	Adult Day Health
	Group Day Services
	Individualized Day Support
	Individualized Home Supports
	Personal Support
	Residential Habilitation:
	• Community Training Home
	• Community Living Arrangement
	• Continuous Residential Supports
	Supported Employment
	Respite Care - Facility
	Respite Care - Individual
	Transportation
	Consultant Services
	Clinical Behavioral Consultant
	Healthcare Coordination
	Interpreter Service
	Nutrition
	Other Services
	Transportation (provided by a transportation company)
	Independent Support Broker (FICS)
	Camp
	Parenting Support

Note: All supports are expected to be provided within the State of Connecticut. Applications for services provided outside of Connecticut are limited to locations within close proximity to the state borders or unique supports presently unavailable in the state. Prior approval by the Department of Developmental Services is required.

3. PROVIDER AGENCY ACKNOWLEDGEMENT

I certify that the information on this application are true and complete to the best of my knowledge and are made in good faith. I understand the partnership, corporation, or government agency is subject to disqualification if it knowingly makes any misstatement of fact. All statements made on this application, including employment information, are subject to verification as a condition of becoming a qualified provider.

I understand that the provider agency is responsible for submitting to DDS verification and documentation of its qualifications to render the Waiver Services indicated on this application.

_____

Printed Name and Title

_____ _____

Signature of Principal of the Entity for Provider Agency Date

4. ADMINISTRATOR'S CERTIFICATION

CRIMINAL CONVICTIONS: Answers to the following question will be considered for qualification purposes.

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law).

Principle of the Entity ☐ Yes ☐ No **Connecticut Administrator** ☐ Yes ☐ No

If "Yes", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

Special Note: You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes §46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. §46b-146), an adjudication as a youthful offender (C.G.S. §54-76o), a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. §54-142a).

I certify that the information regarding criminal convictions and employment history is true and complete to the best of my knowledge and is made in good faith. I understand the partnership, corporation, association, or governmental agency is subject to disqualification if I knowingly make any misstatement of fact. All statements made in reference to criminal convictions or employment history in regards to this application are subject to verification as a condition of becoming a qualified provider. I agree that I will notify the DDS Operation Center immediately in writing if I am arrested or convicted of a crime.

_____ _____

Signature Principal of the Entity For Provider Agency Title

_____ _____ _____

Date of Birth Social Security Number Date

_____ _____

Signature Connecticut Administrator For Provider Agency Title

_____ _____ _____

Date of Birth Social Security Number Date

Note all towns that agency with serve with an "X" next to the town.

	TOWN		TOWN		TOWN		TOWN
	ANDOVER		EAST HARTFORD		MONTVILLE		SOMERS
	ANSONIA		EAST HAVEN		MORRIS		SOUTHBURY
	ASHFORD		EAST LYME		NAUGATUCK		SOUTHINGTON
	AVON		EASTON		NEW BRITAIN		SOUTH WINDSOR
	BARKHAMSTED		EAST WINDSOR		NEW CANAAN		SPRAGUE
	BEACON FALLS		ELLINGTON		NEW FAIRFIELD		STAFFORD
	BERLIN		ENFIELD		NEW HARTFORD		STAMFORD
	BETHANY		ESSEX		NEW HAVEN		STERLING
	BETHEL		FAIRFIELD		NEWINGTON		STONINGTON
	BETHLEHEM		FARMINGTON		NEW LONDON		STRATFORD
	BLOOMFIELD		FRANKLIN		NEW MILFORD		SUFFIELD
	BOLTON		GLASTONBURY		NEWTOWN		THOMASTON
	BOZRAH		GOSHEN		NORFOLK		THOMPSON
	BRANFORD		GRANBY		NORTH BRANFORD		TOLLAND
	BRIDGEPORT		GREENWICH		NORTH CANAAN		TORRINGTON
	BRIDGEWATER		GRISWOLD		NORTH HAVEN		TRUMBULL
	BRISTOL		GROTON		NORTH STONINGTON		UNION
	BROOKFIELD		GUILFORD		NORWALK		VERNON
	BROOKLYN		HADDAM		NORWICH		VOLUNTOWN
	BURLINGTON		HAMDEN		OLD LYME		WALLINGFORD
	CANAAN		HAMPTON		OLD SAYBROOK		WARREN
	CANTERBURY		HARTFORD		ORANGE		WASHINGTON
	CANTON		HARTLAND		OXFORD		WATERBURY
	CHAPLIN		HARWINTON		PLAINFIELD		WATERFORD
	CHESHIRE		HEBRON		PLAINVILLE		WATERTOWN
	CHESTER		KENT		PLYMOUTH		WESTBROOK
	CLINTON		KILLINGLY		POMFRET		WEST HARTFORD
	COLCHESTER		KILLINGWORTH		PORTLAND		WEST HAVEN
	COLEBROOK		LEBANON		PRESTON		WESTON
	COLUMBIA		LEDYARD		PROSPECT		WESTPORT
	CORNWALL		LISBON		PUTNAM		WETHERSFIELD
	COVENTRY		LITCHFIELD		REDDING		WILLINGTON
	CROMWELL		LYME		RIDGEFIELD		WILTON
	DANBURY		MADISON		ROCKY HILL		WINCHESTER
	DARIEN		MANCHESTER		ROXBURY		WINDHAM
	DEEP RIVER		MANSFIELD		SALEM		WINDSOR
	DERBY		MARLBOROUGH		SALISBURY		WINDSOR LOCKS
	DURHAM		MERIDEN		SCOTLAND		WOLCOTT
	EASTFORD		MIDDLEBURY		SEYMOUR		WOODBRIDGE
	EAST GRANBY		MIDDLEFIELD		SHARON		WOODBURY
	EAST HADDAM		MIDDLETOWN		SHELTON		WOODSTOCK
	EAST HAMPTON		MILFORD		SHERMAN		
			MONROE		SIMSBURY		

INSTRUCTIONS:

1. A completed Department of Developmental Services "Application for Qualified Providers" form with attachments should be submitted to:

   Debra Lynch
   Department of Developmental Services
   460 Capitol Avenue
   Hartford, CT 06106

   Or
   Debra.Lynch@ct.gov

   Or

   Fax 860-706-5823

2. Attachments:
   1. Summary of qualifications on how you meet the minimum qualifications for the services you are applying to provide. (See Provider Minimum Qualifications for Support Categories on DDS website)
   2. Resumes for Principal of Entity and Executive Staff, if applicable
   3. Licenses and Qualifications as applicable

3. The Department of Developmental Services will notify the Qualified Provider applicant in writing if they meet the minimum qualifications for the services they are applying to provide and will be instructed to submit the remaining required documents identified in the How to Become a Qualified Provider section of the DDS website.

4. Once an application packet is complete, the credentials of the individual, partnership, corporation, association, governmental agency, Connecticut Administrator and/or the Principal of the Entity will be verified. If the credentials are deemed to be acceptable, the provider will be interviewed by a Qualified Provider Committee. The committee may approve, approve with limitations, or deny an application. DDS will notify the applicant of an unacceptable credential or of the Committee's decision within a timely manner.

5. If an application is denied, the provider may submit an application one year from the date of notification of the denial.